

**Mara Bishop, M.A., M.S., Th.M., C.S.C.**  
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### **Client/Participant Information and Release Form**

I understand that the wellness techniques and workshops offered by Mara Bishop are to assist each person on his or her road to self-healing and self-awareness. I understand very clearly that these complementary wellness techniques (including but not limited to) Personal Evolution Counseling, Shamanic/Spiritual Healing and Counseling, Intuitive Consultations, Reiki and Healing with Spiritual Light, Guided Visualizations, and nature based practices; and training (including but not limited to) Shamanic Journeying, Energy Ecosystem, Inner Divinity, Intuitive Development, Reiki, and nature based practices are not a substitute for medical or psychological diagnosis and treatment.

Mara Bishop is not a medical doctor and does not diagnose, prescribe, perform medical treatment, nor prescribe substances, nor interfere with the treatment of a licensed medical or psychological professional. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I have. The services Mara Bishop offers are not licensed. Among her degrees, training and credentials, Mara has a master's degree in psychology in education, is certified in Harner Shamanic Counseling, and is a Reiki Master Teacher.

I shall hold harmless Mara Bishop, and any employees or agents thereof, from and against any losses, damages, costs or expenses incurred by me, the undersigned, as a direct or indirect result of my activities while on the property of Mara Bishop or from receiving services from Mara Bishop remotely, in person, or through any media. My signature below releases Mara Bishop from any medical or legal claims.

I acknowledge that there is a 50% fee for appointments not cancelled within 48 hours. Workshop fees are refundable minus \$25 up to 3 weeks before the start of the workshop. Less than 3 weeks before the start of the workshop they are nonrefundable.

My signature below acknowledges receipt of information regarding Mara's scope of practice, services provided and credentials.

Print Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How you heard about Mara \_\_\_\_\_

**Client/ Participant:** Date: \_\_\_\_\_ Signature: \_\_\_\_\_